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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/599,465
Filing Date	3-31-04
First Named Inventor	CHO, Yang-Je
Title	Polymerphile Inducing the Secretion
Art Unit	
Examiner Name	
Attorney Docket Number	ONZ0004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioner associated with the Customer Number:

27187

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:
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Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature
Name
Title and Company

Date
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple items if more than one signature is required, see below.

"Total of four forms are submitted.

This collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain or retain a benefit by the public which is to the end by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 123 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. The average cost of processing an application to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be directed to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Application Number	10/599,465
Filing Date	3-31-04
First Named Inventor	CHO, Yang-Je
Title	Polypeptides Indicating the Secretion
Art Unit	
Examiner Name	
Attorney Docket Number	ON20004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

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OR

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Name	Registration Number

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Address:

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/04)

SIGNATURE of Applicant or Assignee of Record

Signature:

Name:

Title and Company:

Date:

10/20, 2006

Telephone:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, one below.

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This estimate of time required is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is not subject to audit by the USPTO to complete, including gathering, preparing, and presenting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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